Dear Sirs,* *

In the face of the looming perspective dealing with the problem how to keep the appropriate workforce in EU is quite relevant. Several questions derive from here and the quantity of workforce should be discussed in a broader context. What are the right number of specialists and the level of their qualification? We don’t know only the true and potential number of medical professionals in EU. Even less known is the real capacity of workforce in health care. This may come to light when the workforce is utilized in conditions of productive and allocative efficiency. Stated otherwise it means employment of medical staff just at the level of its qualification and assigning tasks correspondingly to individual knowledge and skill.

If we think in the paradigm “the more the better”, the answer is quite simple. Although the moral values undoubtedly play some role, the single most important momentum moving individuals in and out of the medical profession as well as driving established specialists to different locations is the level of payment in comparison to other business activities.

Who and how makes the decision?

The citizens through their representatives define the amount of public expenses in health care. In addition the consumers through direct payments increase the amount of money for health. Overall this financing basically defines the amount of workforce. The lack of sufficient health professionals could be interpreted as unwillingness of societies to pay for, assumed as necessary amount by experts, medical activities.

The issue of health care workforce could not be handled properly without some review of different variants of organizing health care systems.

Being aware of the general scarcity in economic sense, it should be realized that the only way to increase the medical resources, in terms of fixed financing at a* *time, is the improvement of efficiency, both productive and allocative.

But how to build in the health care system the necessary driving forces which guarantee the trend toward optimal efficiency?* *

Here are put forth a few principles which probably should apply when tailoring the health care model.

At the core is the notion that nobody is more interested in the patient’s health care than the patient himself.

The medical providers are also the best keepers of their own interest.

Only when the authentic interests of both sides encounter each other, could* *be achieved the best possible terms.

The good medical practice revolves around the axis of interpersonal relations involving trust, respect and gratitude. Even the most expensive and sophisticated equipment is ancillary device supporting the intellectually mastered healing act.

The crucial mechanism to improve professional performance is the level of remuneration of medical personnel and even more important is the way

of rewarding which should represent dynamic, flexible, accurate and swift feedback, synchronizing positive features of care with higher incomes. The remuneration formula should be a mix of criteria encompassing qualification, the job done and the real final results as opposed to possible results.

In order to be economical, effective and just the health care system should produce *all *necessary medical services and *nothing but* the necessary services. Increasing number of suppliers in the face of existing moral hazard and demand inducement may bring about excessive consumption.

The remuneration system must not allow divergence between the benefit to the consumer and benefit for the provider.

After making extraordinary provisions for emergency cases medical catastrofies, communicable diseases, as well as for incapacitated and socially weak persons, all other people might be in the position of subsidized buyers of medical services.

In the chain of acts: pooling the funds-redistribution of money –choice of performer –payment, the first two should be engagement of public regulatory body ,while the choice and payment should be left to the consumer .

Key instruments in keeping frugality, responsibility and efficiency while providing for delivery and consumption of medical help should be true ownership of resources and competition. The running of physical capital in health care in terms of entrepreneurship should not override nor should get priority over the main area in medicine-professional performance.

The public authorities must interfere any time the important resources as buildings and technical facilities, as a result of poor market structure or market failure, are inadequate and distort the process of just delivering medical help.

The national governments must bear responsibility in providing for competitive environment and fair competition.

The measures provided for in the Green paper seem well-grounded, accurate and comprehensive. The politicians, stakeholders and experts are convinced that the current demographic trends and changes in health workforce supply could bring about serious troubles. It is no less important the European societies become aware of the dimension of the problem and to consistently support the necessary actions.

The task to facilitate re-deployment of medical professionals among various European countries requires several technical steps in first place information gathering and dissemination. Helping transfer medical workers from where they abound and even may stay idle to countries where they are mostly needed is an act of improving allocative efficiency. Some societies may get better-off without making other worse-off. Of course, it is questionable how the established societies of health professionals in the host states will accept the influx and competition of less paid in their home countries medical workers.

The EU authorities in the course of time may probably have to take more firm stance, increasing its range of influence towards individual member states’ health care systems by setting minimum common standards, proportional to the number of population or geographic area, for example

in public provision for hospital buildings, consulting rooms and equipment delivering ambulatory and hospital emergency care and dealing with heaviest medical catastrophes which cannot be left solely to the price driven market force. It is appropriate that EU experts provide for elaboration and definition of the concept -how is to look like the better health care system to disseminate this concept, to pave the way for introduction of the key elements in the systems of the member states. EU authorities may have to require maintenance of competitive environment and fair competition.

Confronting the tough matter health care and the high public expectation for protection with the relatively modest participation of EU in individual states' problems solutions, it becomes clear that the Union's role presupposes more authority in this field.

Perhaps in the near future this discrepancy has to be redressed.

Faithfully Yours

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